



Practitioner's Docket No. 1822/117

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Nissim Benvenisty

Application No.: 09/995,452

Group No.: 1632

Filed: 11/27/2001

Examiner: Ton, Thaian N.

For: Transfection of Human Embryonic Stem Cells

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

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Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

[x] deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

[x] with sufficient postage as first class mail.

37 C.F.R. § 1.10\*

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) \_\_\_\_\_

Signature

Date: December 19, 2003

Charlton Shen

(type or print name of person certifying)

\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA			RATE		ADDIT. FEE
TOTAL	56	— 56	= 0	x	\$	9.00	= \$	0.00
INDEP.	9	— 9	= 0	x	\$	43.00	= \$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$	0.00	= \$	0.00
TOTAL								
ADDIT. FEE								\$ 0.00

No additional fee for claims is required.

## FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$55.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

## FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 1904972.

An additional fee for claims is required, charge Account No. 19-4972.

Date: December 19, 2003



Charlton Shen  
Registration No. 54,442  
Bromberg & Sunstein LLP  
125 Summer Street  
Boston, MA 02110-1618  
US  
617-443-9292  
Customer No. 02101



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